

Application for Student Contract Employment

GENERAL INFORMATION

Name (First, Middle, Last): _____

Mailing Address (Street, City, State, ZIP Code): _____

Home Phone (Area Code, Number): _____

Work Phone (Area Code, Number): _____

Social Security Number: _____

Sex (M/F) _____ Date of Birth (Month, Day, Year): _____

QUALIFICATIONS

Date you graduated from high school: _____

Name and location of high school: _____

Name and location of college or university you are attending, or have been accepted to attend: _____

Month and year attended: From: _____ To: _____

Number of credit hours completed, if any:

Quarter hours: _____ Semester hours: _____

Estimated/projected graduation date: _____

If you have a degree, indicate the type (e.g. B.A., M.A.): _____

Month and year degree was received: _____

(If received from a college or university other than the above, please so indicate)

If you will be transferring to another college/university upon graduation, please indicate the name of the school, and the date (month/year) you will begin: _____

List chief undergraduate subjects: (Show major on the first line)

1. _____
2. _____
3. _____

List chief graduate subjects: (Show major on the first line)

1. _____
2. _____
3. _____

Indicate any computer courses you have taken, and/or any specialized computer experience you may have: (Such as Lotus, WordPerfect, Ms Office, Windows etc.)

If you have completed any other courses or training (such as vocational, trade, or business) give the name and location of the school, dates attended, number of classroom hours completed, subject(s) taken, and indicate whether training was completed.

Are you a student in good standing, currently enrolled at a college or university for at least 50 percent of the credit hours required to be categorized as a full-time freshman, sophomore, junior, senior, or graduate student?

Yes _____ No _____

(See attached example of documentation required from the college or university.)

Students on semester, summer, or holiday breaks, are considered to be full-time students if student is enrolled or plans to enroll for the next quarter or semester, and was a student in the quarter prior to the break period.

Graduate students or seniors graduating from a degree program. Have you requested a letter of acceptance or enrollment from the school?

Yes _____ No _____

Have you requested a current, official transcript from the college or university you are presently attending?

Yes _____ No _____

To be considered for employment, a copy of all documents mentioned above, which certify student status and grades, **must be** mailed directly to:

U.S. Army Aeromedical Research Laboratory
ATTN: MCMR-UAR-L Student Contractor POC
P.O. Box 620577, Building 6901
Fort Rucker, AL 36362-0577

SPECIAL SKILLS, ACCOMPLISHMENTS AND AWARDS

Provide the name and year of any special awards, fellowships or scholarships you have received. List any special qualifications, skills or accomplishments that may help you in this job. (Skills may include experience with medical equipment; writing or research; publications; membership in professional or scientific societies, etc.)

List the name of any licenses or certificates that you have, to include the date received and state or licensing agency: (Such as driver's or pilot's license, registered nurse, lawyer, radio operator, etc.)

WORK EXPERIENCE (If you have none, write "NONE" in this block.)

* Describe current or most recent job first, and work backwards, describing each job held during the past 5 years (military service may be included).

* Volunteer work (i.e., non-paid religious, community, welfare, and other service work), if duties and responsibilities are pertinent to job experience.

A. Name and address of employer:

Dates employed (month, day and year):

From: _____ To: _____

Average number of hours per week: _____

Job Title: _____

Supervisor's name/telephone number: _____

Description of work: (Describe specific duties, responsibilities, equipment used, and accomplishments.)

(Continuation of description of work)

B. Name and address of employer:

Dates employed (month, day and year):

From: _____ To: _____

Average number of hours per week: _____

Job Title: _____

Supervisor's name/telephone number: _____

Description of work: (Describe specific duties, responsibilities, equipment used, and accomplishments.)

C. Name and address of employer:

Dates employed (month, day and year):

From: _____ To: _____

Average number of hours per week:

Job Title: _____

Supervisor's name/telephone number: _____

Description of work: (Describe specific duties, responsibilities, equipment used, and accomplishments).

IF YOU NEED ADDITIONAL SPACE FOR WORK-RELATED INFORMATION, PLEASE USE PLAIN PAPER AND ATTACH TO THE BACK OF THIS APPLICATION FORM.

BACKGROUND INFORMATION

Are you a citizen of the United States? Yes _____ No _____

If not, indicate the country, or countries, you are a citizen of:

Have you **ever** been convicted of a felony violation (to include firearms or explosives violations)?

Yes _____ No _____

Are you now under charges for any violation of the law? Yes _____ No _____

If any of the above questions have been answered "yes", provide an explanation below of the violations, convictions or problems stated. (Indicate dates, location of occurrence and other pertinent details.)

Do any of your relatives work for the United States Government or U.S. Armed Forces? (Include father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, etc.) Yes _____ No _____

If yes, provide name, relationship, and Department, Agency or Branch of Armed Forces they are employed by:

MILITARY SERVICE If you have had prior active duty military service, were you discharged under honorable conditions?

Yes _____ No _____

If "YES" provide date and branch of service _____

If "NO" provide date and type of discharge you received _____

CHARACTER REFERENCES (List 2 people who are **not** related to you, that can attest to your character and background)

Full Name Address/Telephone Number Occupation

1. _____
2. _____

ACADEMIC REFERENCES List 2 people who are not related to you, that can provide information pertaining to your academic abilities, achievements, qualifications, and fitness for the kind of job for which you are applying.

Full Name Address/Telephone Number Occupation

1. _____
2. _____

AVAILABILITY FOR WORK:

Date you could start work (Month and Year): _____

I prefer summer hire employment **ONLY** . Yes _____ No _____

I am seeking full time student employment **ONLY**. Yes _____ No _____

SIGNATURE, CERTIFICATION AND RELEASE OF INFORMATION

* A false statement on your application may be grounds for not contracting with you, or for terminating your contract.

* I consent to the release of information about my ability and fitness for Federal employment, by employers, schools, law enforcement agencies, and other individuals and organizations, to investigators and other authorized employees of the Federal Government. This information is for official use only.

* If contracted, I understand that I will be required to provide periodic documentation of my student status (via grade transcripts and enrollment certifications from the school) to the employing agency.

I hereby certify that, to the best of my knowledge and belief, **all** of the above statements are true, correct, complete, and made in good faith.

SIGNATURE OF APPLICANT DATE SIGNED (Month, Day, Year).

Additional Comments Pertaining to this application for employment: